National Student Loan Data System

Gainful Employment Submittal File Record Layout

Fixed-Width

January 9, 2015

Gainful Employment Submittal File Layout – Fixed Width

This Gainful Employment (GE) File layout defines each record type within the GE Reporting Submittal File and each field within the records. Accuracy must be ensured in both the reporting of data and correct placement and coding of the data within the files.

GE Submittal File Header Record   *Length = 585*

POS FR	POS TO	Field Name	Description	Format	Length
1	3	Record Type	A 3-digit number that indicates header record. '000' indicates header record.	Num.	3
4	28	Filler	Spaces	Char.	25
29	48	Header Text	File name of the GE Student Submittal file. Must equal GE STUDENT SUBMITTAL	Char.	20
49	56	Submittal Date	The date the GE Submittal File was created. Format: CCYYMMDD	Date	8
57	57	File Type	Value to indicate the specific type of GE file. 'S' = Submittal File	Char.	1
58	133	Filler	Spaces	Char.	76
134	141	Institution Code (OPEID)	The institution's 8-digit ED Office of Postsecondary Education (OPE) code used to identify the institution. If submitting multiple OPEIDs in a single file, populate with '99999999'.	Num.	8
142	585	Filler	Filler	Char.	444

GE Submittal File Detail Record   *Length = 585*

POS FR	POS TO	Field Name	Description	Format	Length
1	3	Record Type	A 3-digit number that indicates detail record. '001' indicates detail record.	Num.	3
4	11	Award Year	Award Year the student was enrolled in the program. (Example: the award year of July 1, 2008 – June 30, 2009 would be identified as 20082009.) Format: CCYYCCYY Cannot be less than 20072008 or greater than current award year.	Char.	8
12	20	Student Social Security Number	Social Security Number (SSN) of a student enrolled in a GE Program. Must provide SSN along with the identifiers First Name, Last Name, and DOB. If SSN is not available, do not report this student.	Num.	9
21	55	Student First Name	Student's current first name. 'NFN' for students with no first name. Must provide First Name if NLN (no last name) is used.	Char.	35
56	90	Student Middle Name	Student's current middle name. If no middle name, populate with spaces.	Char.	35
91	125	Student Last Name	Student's current last name. 'NLN' for students with no last name. Must provide Last Name along with the identifiers SSN, First Name, and DOB. Must provide Last Name if NFN (no first name) is used.	Char.	35

POS FR	POS TO	Field Name	Description	Format	Length
126	133	Student Date of Birth	Student's Date of Birth. Report '19000101' if student's DOB is unknown. Format: CCYYMMDD Must provide DOB along with the identifiers SSN, First Name, and Last Name.	Date	8
134	141	Institution Code (OPEID)	The institution's 8-digit Office of Postsecondary Education Identifier (OPEID).	Num.	8
142	206	Institution Name	Official name of the institution as included on the institution's Department of Education's ECAR.	Char.	65
207	207	Filler	Space	Char.	1
208	287	Program Name	Institutional name of the program the student was enrolled in during the award year.	Char.	80
288	293	CIP Code	Six-digit Classification of Instructional Programs code (without period) identifying a program's academic content. Do not include the '-' or '.' between the first 2 characters and the last 4 characters of the code. Must be a valid CIP Code from the 2010 list of available codes.	Char.	6

POS FR	POS TO	Field Name	Description	Format	Length
294	295	Credential Level	Credential Level of the program the student was enrolled in during this award year. Values are: • '01' —Undergraduate certificate or Diploma program • '02' —Associate's degree • '03' —Bachelor's degree • '04' —Post baccalaureate certificate • '05' —Master's degree • '06' —Doctoral degree • '07' —First professional degree • '08' —Graduate / Professional certificate	Char.	2

POS FR	POS TO	Field Name	Description	Format	Length
296	296	Medical or Dental Internship or Residency	Medical or Dental Internship or Residency Program. Values are: • 'Y' —Yes, student must complete medical or dental internship • 'N' —Otherwise A required medical or dental internship or residency is a supervised training program that- – Requires the student to hold a degree as a doctor of medicine or osteopathy, or a doctor of dental science; – Leads to a degree or certificate awarded by an institution of higher education, a hospital, or a health care facility that offers post-graduate training; and – Must be completed before the borrower may be licensed by the State and board certified for professional practice or service. If Medical or Dental Internship or Residency = 'Yes', then Credential Level must equal '06' (Doctoral degree), '07' (First professional degree) or '08' (Graduate / Professional certificate).	Char.	1
297	297	Filler	Space	Char.	1
298	305	Program Attendance Begin Date	Date student began enrollment in the educational program. Format: CCYYMMDD Report this date even if it precedes the beginning of the award year being reported on. If the date is unknown, populate this field with zeros.	Date	8

POS FR	POS TO	Field Name	Description	Format	Length
306	313	Program Attendance Begin Date for this Award Year	Date in this award year student began enrollment in the educational program. Format: CCYYMMDD Must be within the date range indicated by the Award Year field.	Date	8
314	314	Program Attendance Status During Award Year	The enrollment status of the student in the educational program. Values are: • 'G' —Graduated (If student graduated from the educational program at any time during the award year.) • 'W' —Withdrew (If student withdrew from the educational program at any time during the award year.) • 'E' —Enrolled (If student was enrolled in the educational program on the last day of the award year, June 30.)	Char.	1
315	322	Program Attendance Status Date	The date of student's graduation or withdrawal from the GE Program. Format: CCYYMMDD If Program Attendance Status During Award Year equals 'G' or 'W', provide the date. If Program Attendance Status During Award Year equals 'E', report zeros or June 30 of the award year being reported.	Date	8

POS FR	POS TO	Field Name	Description	Format	Length
323	328	Private Loans Amount	Gross amount of private educational loans received by the student at any time for attendance in the GE Program. If Program Attendance Status During Award Year equals 'G' or 'W', report the amount. If Program Attendance Status During Award Year equals 'E', report spaces. Report whole dollars only, no dollar signs, commas, or decimal points. Round to the nearest whole dollar. If the student did not receive any private educational loans, enter all zeros.	Char.	6
329	334	Institutional Debt	Total amount of institutional debt owed by the student for attendance in any GE Program at the institution as of the day the student graduated or withdrew from the program, not just for this award year. Report whole dollars only, no dollar signs, commas, or decimal points. If student did not have any institutional debt, enter all zeros. If Program Attendance Status During Award Year equals 'G' or 'W', report the amount. If Program Attendance Status During Award Year equals 'E', report spaces.	Char.	6

POS FR	POS TO	Field Name	Description	Format	Length
335	340	Tuition and Fees Amount	Report total amount of tuition and fees charged the student for the entire program (not just for this award year). Report whole dollars only, no dollar signs, commas, or decimal points. If Program Attendance Status During Award Year equals 'G' or 'W', report the amount. If Program Attendance Status During Award Year equals 'E', report spaces.	Char.	6
341	346	Allowance for Books, Supplies, and Equipment	Allowance amount in Cost of Attendance (COA) for books, supplies, and equipment charged the student for the entire program (not just for this award year). If the institution assessed student a higher amount than the allowance in COA, report the higher amount. If Program Attendance Status During Award Year equals 'G' or 'W', report the amount. If Program Attendance Status During Year equals 'E', report spaces.	Char.	6

POS FR	POS TO	Field Name	Description	Format	Length
347	352	Length of GE Program	The length of the instructional program in weeks, months, or years as published by the school. Format "nnnnnn", with an implied decimal point between the third and fourth digits. Thus, schools should report: • "000100" to represent a value of one tenth • "001000" to represent a value of one • "010000" to represent a value of ten • "100000" to represent a value of one hundred Value must be numeric and greater than zero.	Num.	6
353	353	Length of GE Program Measurement	The unit of measure for the length of the instructional program as published by the school. Values are: • 'W' — Weeks • 'M' — Months • 'Y' — Years	Char.	1
354	354	Student's Enrollment Status as of the 1st Day of Enrollment in Program	Code for the student's enrollment status as of the 1st day in the GE program. Values are: • 'F' — Full-Time • 'Q' — Three-Quarter Time • 'H' — Half-Time • 'L' — Less Than Half-Time	Char.	1
355	585	Filler	Filler	Char.	231

GE Submittal File Trailer Record   *Length = 585*

POS FR	POS TO	Field Name	Description	Format	Length
1	3	Record Type	'999' indicates trailer record.	Num.	3
4	28	Filler	Spaces	Char.	25
29	36	Detail Record Count	Number of detail records in the submittal file.	Num.	8
37	133	Filler	Spaces	Char.	97
134	141	OPEID	The institution's 8-digit ED Office of Postsecondary Education (OPE) code used to identify the institution. Must be same value as reported in the header record.	Num.	8
142	585	Filler	Filler	Char.	444